

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LOM-0042								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Eric TRINQUET et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/516,744</td> <td style="padding: 2px;">Filed December 6, 2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">FLUORESCENT ENTITY COMPRISING A FLUOROPHORE COVALENTLY ATTACHED TO AT LEAST ONE OLIGONUCLEOTIDE AND COMPRISING AT LEAST ONE For FUNCTIONAL GROUP, AND USES THEREOF</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1637</td> <td style="padding: 2px;">Examiner Mark Staples</td> </tr> </table>			In re Application of Eric TRINQUET et al.		Application Number 10/516,744	Filed December 6, 2004	FLUORESCENT ENTITY COMPRISING A FLUOROPHORE COVALENTLY ATTACHED TO AT LEAST ONE OLIGONUCLEOTIDE AND COMPRISING AT LEAST ONE For FUNCTIONAL GROUP, AND USES THEREOF		Group Art Unit 1637	Examiner Mark Staples
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <u>\$460.00</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____ </p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card via EFS. <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>. I have enclosed a duplicate copy of this sheet. </p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; text-align: center;"> June 23, 2008 _____ Date </td> <td style="width: 50%; text-align: center;"> /Harry B. Shubin/ _____ Signature </td> </tr> <tr> <td></td> <td style="text-align: center;"> Harry B. Shubin, Reg. No. 32,004 _____ Typed or printed name </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			June 23, 2008 _____ Date	/Harry B. Shubin/ _____ Signature		Harry B. Shubin, Reg. No. 32,004 _____ Typed or printed name				
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